

## Electronic Patent Application Fee Transmittal

|   |   |                 |               |                             |
|---|---|-----------------|---------------|-----------------------------|
| <b>Application Number:</b>                | 10801070  |                 |               |                             |
| <b>Filing Date:</b>                       | 15-Mar-2004   |                 |               |                             |
| <b>Title of Invention:</b>                | Cryptographic authentication for telemetry with an implantable medical device |                 |               |                             |
| <b>First Named Inventor:</b>              | Scott J. Healy  |                 |               |                             |
| <b>Filer:</b>                             | David W. Black/Paula Suchy  |                 |               |                             |
| <b>Attorney Docket Number:</b>            | 279.718US1  |                 |               |                             |
| Filed as Large Entity                     |   |                 |               |                             |
| <b>Utility      Filing Fees</b>           |   |                 |               |                             |
| <b>Description</b>                        | <b>Fee Code</b>   | <b>Quantity</b> | <b>Amount</b> | <b>Sub-Total in USD(\$)</b> |
| <b>Basic Filing:</b>                      |   |                 |               |                             |
| <b>Pages:</b>                             |   |                 |               |                             |
| <b>Claims:</b>                            |   |                 |               |                             |
| <b>Miscellaneous-Filing:</b>              |   |                 |               |                             |
| <b>Petition:</b>                          |   |                 |               |                             |
| <b>Patent-Appeals-and-Interference:</b>   |   |                 |               |                             |
| <b>Post-Allowance-and-Post-Issurance:</b> |   |                 |               |                             |
| <b>Extension-of-Time:</b>                 |   |                 |               |                             |

| Description                             | Fee Code | Quantity | Amount | Sub-Total in USD(\$) |
|---|----------|----------|--------|----------------------|
| Miscellaneous:                          |          |          |        |                      |
| Submission- Information Disclosure Stmt | 1806     | 1        | 180    | 180                  |
| Total in USD (\$)                       |          |          |        | 180                  |